

AO 440 (Rev. 8/01) Summons in a Civil Action

UNITED STATES DISTRICT COURT

**District of**

## Delaware

(J.)ames Edwin Tucker  
Complainant

v.

John E. Potter  
Postmaster General  
United States Postal Service

**ALIAS  
SUMMONS IN A CIVIL CASE**

CASE NUMBER: CIVIL F1-07-CV-817 - JJF

TO: (Name and address of Defendant)  
Attorney General for the United States  
District of Columbia  
Department of Justice  
950 Pennsylvania Avenue, NW  
Washington, DC 20530

**YOU ARE HEREBY SUMMONED** and required to serve on PLAINTIFF'S ATTORNEY (name and address)

James Edwin Tucker  
P. O. Box 10121  
Wilmington, DE 19850

an answer to the complaint which is served on you with this summons, within 60 days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

APR 14 2008

# PETER T. DALLEO

**CLERK**

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DATE

(By) DEPUTY CLERK

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## **Proof of Service**

I declare under penalty of perjury that I served the summons and complaint in this case on \_\_\_\_\_, by:

(1) personally delivering a copy of each to the individual at this place, \_\_\_\_\_  
\_\_\_\_\_  
; or

(2) leaving a copy of each at the individual's dwelling or usual place of abode with \_\_\_\_\_  
who resides there and is of suitable age and discretion; or

(3) delivering a copy of each to an agent authorized by appointment or by law to receive it whose name is  
\_\_\_\_\_  
; or

(4) returning the summons unexecuted to the court clerk on \_\_\_\_\_.

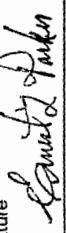
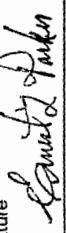
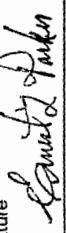
My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ \_\_\_\_\_.

Date: \_\_\_\_\_

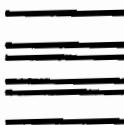
Server's signature

Printed name and title

### Server's address

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY																																															
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<table border="1" style="width: 100%;"> <tr> <td colspan="2" style="text-align: center;">A. Signature </td> <td><input type="checkbox"/> Agent</td> </tr> <tr> <td colspan="2"></td> <td><input type="checkbox"/> Addressee</td> </tr> <tr> <td colspan="2" style="text-align: center;">B. Received by (Printed Name) APR 18 2008</td> <td>C. Date of Delivery</td> </tr> <tr> <td colspan="3" style="text-align: center;">D. Is delivery address different from item 1? If YES, enter delivery address below:</td> </tr> <tr> <td colspan="3" style="text-align: center;"><input type="checkbox"/> Yes</td> </tr> <tr> <td colspan="3" style="text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td colspan="3" style="text-align: center;">1. Article Addressed to:  <i>Attorney General of the United States District of Columbia Department of Justice 950 Pennsylvania Avenue Washington, DC 20530</i></td> <td colspan="2"> <table border="1" style="width: 100%;"> <tr> <td colspan="2" style="text-align: center;">3. Service Type</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail</td> <td><input type="checkbox"/> Express Mail</td> </tr> <tr> <td><input type="checkbox"/> Registered</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td><input type="checkbox"/> C.O.D.</td> </tr> <tr> <td colspan="2" style="text-align: center;">4. Restricted Delivery? (Extra Fee)</td> </tr> <tr> <td colspan="2" style="text-align: center;"><input type="checkbox"/> Yes</td> </tr> </table> </td> </tr> <tr> <td colspan="2" style="text-align: center;">2. Article Number <i>(Transfer from service label)</i></td> <td colspan="3" style="text-align: center;">5. Domestic Return Receipt</td> </tr> <tr> <td colspan="2" style="text-align: center;">PS Form 3811, February 2004</td> <td colspan="3" style="text-align: center;">102595-02-M-1540</td> </tr> </table>			A. Signature 		<input type="checkbox"/> Agent			<input type="checkbox"/> Addressee	B. Received by (Printed Name) APR 18 2008		C. Date of Delivery	D. Is delivery address different from item 1? If YES, enter delivery address below:			<input type="checkbox"/> Yes			<input type="checkbox"/> No			1. Article Addressed to:  <i>Attorney General of the United States District of Columbia Department of Justice 950 Pennsylvania Avenue Washington, DC 20530</i>			<table border="1" style="width: 100%;"> <tr> <td colspan="2" style="text-align: center;">3. Service Type</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail</td> <td><input type="checkbox"/> Express Mail</td> </tr> <tr> <td><input type="checkbox"/> Registered</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td><input type="checkbox"/> C.O.D.</td> </tr> <tr> <td colspan="2" style="text-align: center;">4. Restricted Delivery? (Extra Fee)</td> </tr> <tr> <td colspan="2" style="text-align: center;"><input type="checkbox"/> Yes</td> </tr> </table>		3. Service Type		<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail	<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.	4. Restricted Delivery? (Extra Fee)		<input type="checkbox"/> Yes		2. Article Number <i>(Transfer from service label)</i>		5. Domestic Return Receipt			PS Form 3811, February 2004		102595-02-M-1540		
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UNITED STATES POSTAL SERVICE



- Sender: Please print your name, address, and ZIP+4 in this box •

James Edwin Mackay  
P.O. Box 14121  
Wilmington, DE 19856

First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10